

Enhanced Referral Tracking System (ERTS)

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What is ERTS?

- A systematic way of identifying and documenting linkage to care of initial post-test positive clients and through further tracking attempt to locate and connect those not in care to AIDS Service Organization services.

Why ERTS?

- Response to project officer site visit to counseling testing site
- CDC new initiative

“Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic”-CDC

- Make HIV testing a routine part of medical care.
- Implement new models for diagnosing HIV infections outside medical settings.
- Prevent new infections by working with persons diagnosed with HIV and their partners.
- Further decrease perinatal HIV transmission.

What Did We Know About Client Referrals Prior to ERTS?

- Health Department referral process varied greatly by region.
- Limited or no data on post-test referral activity.
- No system to track initial referrals.

ERTS Timeline

- May 2004
 - Two collaborative meetings held with the HIV and STD Divisions
- June - July 2004
 - Established ERTS Planning Team
 - Developed ERTS Pilot Process, Procedure and Form
- August 2004
 - Met with pilot ASO/primary care partners (Areas 3 and 10)

ERTS Timeline

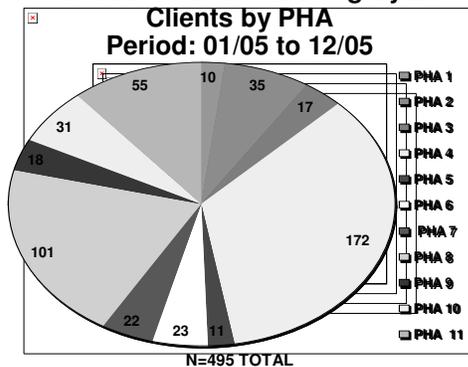
- September 2004 - January 2005
 - Gained technical support from surveillance branch
 - Hired Randy Jones- Manages the ERTS
 - Assessed pilot readiness (ie. computer hardware/software, staff)
 - Pilot Initiated
- February – June 2005
 - Full implementation of ERTS by HIV Program Coordinators
 - Site visits initiated

ERTS Timeline

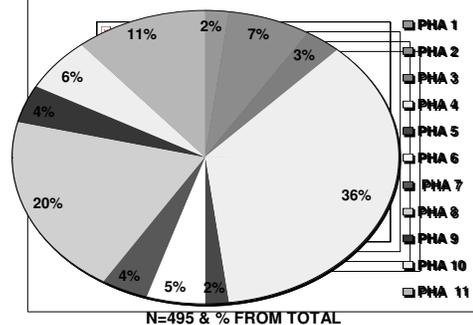
- June, August, and November 2005
 - On-going training, program review and site visits
- September 2005
 - Data compiled from all 11 PHA's for January – June 2005
- January 2006
 - Data compiled from all 11 PHA's for January - December 2005

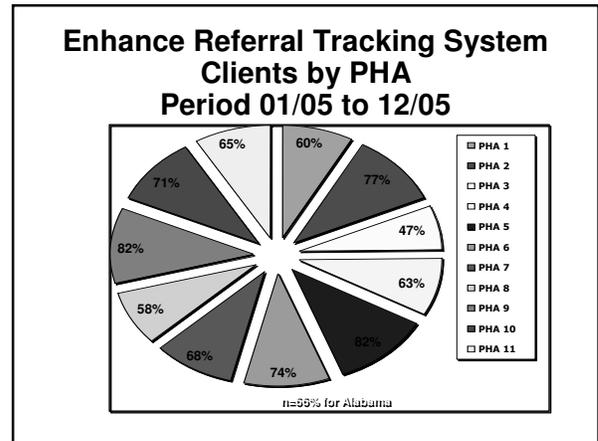
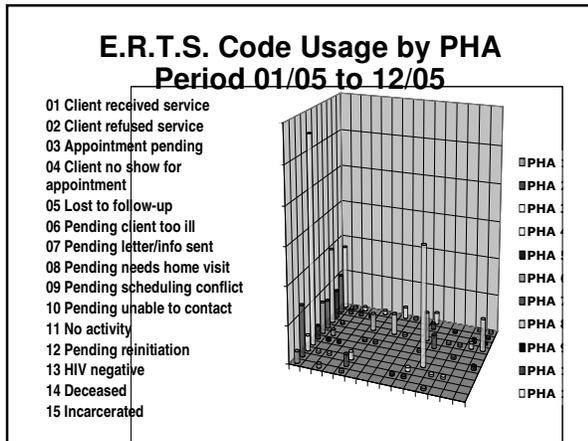
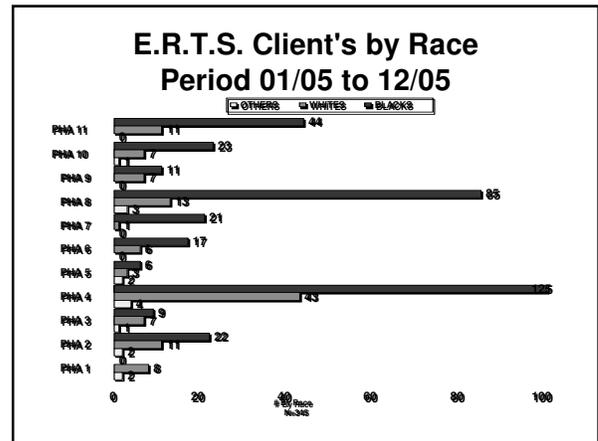
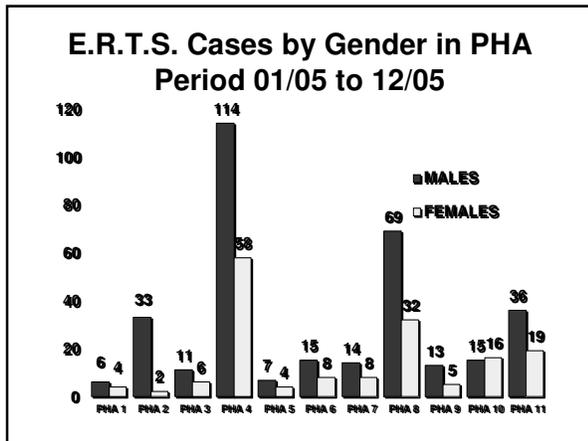


Enhanced Referral Tracking System
Clients by PHA
Period: 01/05 to 12/05



E.R.T.S. Clients by PHA
Period: 01/05 to 12/05





- ### Highlights
- Three of the total 495 cases were determined as false positives.
 - Three hundred twenty five of the 492 newly diagnosed cases from 01/05 through 12/05 are receiving HIV treatment.
 - Public Health Area 1 has 60% of their newly diagnosed cases in care.
 - Public Health Area 2 has 77% of their newly diagnosed cases in care.

- ### Highlights
- Public Health Area 3 has 47% of their newly diagnosed cases in care.
 - Public Health Area 4 has 63% of their newly diagnosed cases in care.
 - All clients for areas 4 & 7 only with a recorded Viral Load or CD4 count by a physician was coded as in care.
 - Public Health Area 5 has 82% of the area's clients in care.

Highlights

- Public Health Area 6 has 74% of the area's clients in care.
- Public Health Area 7 has 68% of the area's clients in care.
- Public Health Area 8 has 58% of the area's clients in care.
- Public Health Area 9 has 82% of the area's clients in care.

Highlights

- Public Health Area 10 has 71% of the area's clients in care.
- Public Health Area 11 has 65% of the area's clients in care.
- Public Health Areas 4 & 7 had less to no activity of tracking as a result of no HIV Coordinator in these areas.
- 66% of Alabama's newly diagnosed cases are receiving HIV Care throughout the state.

List Frequency

List produced	List Due
• February 28, 2005	• April 11,
• May 2,	• June 13,
• July 5,	• August 16,
• September 6,	• October 18,
• November 8,	• December 20,
• January 10, 2006	• February 21, 2006

Benefits of the Enhanced Referral Tracking System (ERTS)

- HIV Coordinator Staff help fill gap to link clients to care.
- Client disposition coding improves tracking.
- Identifies clients not in care and links to services.

Benefits of the Enhanced Referral Tracking System (ERTS)

- Strengthens working relationships between the HIV Division, STD Division, AIDS Service Organizations, Consumers and other agencies.
- Provides baseline and benchmark data to improve performance measures regionally and statewide.

Thanks

Program Development/Implementation Committee
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**Pilot Participants
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Maude Whately Health Services
Public Health Areas 3 and 10 HIV and STD staff**